MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-027428

DO NOT WRITE ON THIS STUB	АМІ	ENDEC)	 	egistration District No	1 6 1963			trict No.	Registrar's No.		,				
					PLACE OF DEATH	- v 1303		_		2. USUAL RESIDEN	ICE (Where	deceased live	ed. If inst	itution; f	Residence	before
VS 300	<u> </u> e	11			COUNTY But	ler				*MYSsour	i	b Synad	ard		admiss	ion)
Rev. 4/59	<u>ĕ</u>				b. CITY (If outside cor	rporate limits, give	e TOWNSHIP	only) Len	ngth of stay in 1b	II c CITY		_	<u></u>		Inside I	Limits
ļ	AMENDED				OR TOWN Don'	lom D1	ee w		i a.	OR TOWN PUD	rian				Yes 📮	No 🔲
10/28				<u> </u> —	c. FULL NAME OF (1)	NOT in hospital, o	give (ocation)	ssour1	Inside timits		<u></u>	(If cutside,	give locatio	<u></u>	Reside a	
] i		HOSPITAL OR				Yes 🔲 No 🗀	ADDRESS	•	•		1	Yes 📋	
2/030	- [8]_	1	_	_	<u></u>	nch Pee	_nosp1			<u></u>						
3		\prod	٦ ١	3	NAME OF DECEASED (Type or print)			Midd	=	Last	4. DATE		onth _	Day		fear
		[1	take or beauty	Arthur J	James .	Hickman	n	_	DEAT	н July	l,	196	3	
4 0		[5	. SEX	6. COLOR OR F			Never Married 🔲	8. DATE OF BIRTH	9. AGE	(last birthday)				ER 24 HR
5 /			1	Ma:	le	White	1	Widowed 🗌	Divorced [4-7-1890	7	' 3	Months	Days	Hours	Min.
	1				a. USUAL OCCUPATION	(Give kind of wor		KIND OF BUSI	INESS OR INDUSTR	Y II. BIRTHPLACE (12. CIT	ŽEN OF V	WHAT CO	UNTRY
6	\$			1	during most of workin	ng life, even if ret	tired)			Puxico.	Miles	ດນະຳ	1 17	S A		
7 0	FOLLOWS			13	a. FATHER'S NAME			136. MOTHE	ER'S MAIDEN NAM	IE STATE		14. NAME OF				
	5			Τ.	efferson M	Hile or	n	B111 A	ah			Dora H	i olean	190		¥
8 2. 1	ام			15	. WAS DECEASED EVER	R IN U.S. ARMED F	FORCE <u>S?</u>		AL SECURITY NO.	17. INFORMANT		TOTA D	Address	444		
~ ~	⋖		1 1	(Y.	es, no, or unknown) (If	yas, give war or o	dates c		, 7	De= 11.	.1	۵•	. 75.			
9420.1	ă		 	-	18. CAUSE OF DEATH PART I.	(Enter only one c	ause per tine t	ror (8), (D), and	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Dora Hic	:Kmar	- rux1c	o, Mi	- <mark>ទទង</mark> ា	ERVAL BE	ETWEEN
10	∢	1 1	12 1	, I		BEATH WAR	JICED BY	-		~				I ON	CCT AND	
(3 I I	1 1	<u> </u>	1	PART I.					Mariana	2 1- 1			74.01	-3c1 (A110)	3
11			UME		PART I.	IMMEDIATE C				rsysty	141	v-ctia		74.01	U # ~ E	<u></u>
11	10 OF		OCUME			IMMEDIATE C	CAUSE (a)	;		eshora	1 N f	vetia		74.01	-3c1 (A110)	<u></u>
12 Z A I	EAD A		DOCUMENT		Canditia which gi	IMMEDIATE Cons, if any, Dispersise to		:		ermy er	1 nd	u-ctia dull	٠٤٤٠	74.01	U # ~ E	<u></u>
12 Z A I	1,==-1		DOCUME		Conditio which gi above c stating t	IMMEDIATE Cons, if any, Deve rise to cause (a), the under-	CAUSE (a)	:		ormy 2-	1nt	uctin dui	.525.	74.01	U # ~ E	<u></u>
13 /-0	SIN -		DOCUME		Conditio which gi above (stating t lying co	immediate Cons, if any, pave rise to cause (a), the under-cause last.	DUE TO (c)	:	(s)		1 Kf	dull		Se	10 pre	<i>j</i>
13 /-0	1,==-1		DOCUME	NO	Conditio which gi above (stating t lying co	immediate of payer rise to cause (a), the under-cause (ast.) C. OTHER SIGNIFI	DUE TO (b)	TIONS CONTRI	(s)	Oryny 2	Inf	delli	* !!! . If de	SC	10 pre	3
13 /-0	NSI INSI		DOCUME	.ATION	Conditio which gi above (stating t lying co	immediate Cons, if any, pave rise to cause (a), the under-cause last.	DUE TO (b)	TIONS CONTRI	(s)		IN f	d -11	* !!! . If de	SC Cased a pregnan	Was femancy in last	3
13 /-0	NSI INSI		DOCUME	FICATION	Condition which graphs above of stating to lying of PART II.	IMMEDIATE Cons., if any, pave rise to cause (a), the understause last. Content of the condition of the condi	DUE TO (b) DUE TO (c) ICANT CONDI on given in PAI	ITIONS CONTRI	BUTING TO DEAT	IH but not related to			III. If dethere a	Ceased a pregnan	was fem	nalo was 1 90 days.
13 /-0	NSI INSI		DOCUME	ERTIFICATION	Condition which give sharing the string to starting the string	immediate of payer rise to cause (a), the under-cause (ast.) C. OTHER SIGNIFI	DUE TO (b) DUE TO (c) ICANT CONDI on given in PAI	ITIONS CONTRI	BUTING TO DEAT				III. If dethere a	Ceased a pregnan	was fem	nalo was 1 90 days.
13 /-0	NSI INSI		DOCUME	AL CERTIFICATION	Condition which give bove to stating the state of the sta	ons, if any, pave rise to cause (a), the under-cause last. DILLER SIGNIFI disease conditio	DUE TO (b) DUE TO (c) ICANT CONDI On given in PAI	ITIONS CONTRI	BUTING TO DEAT	IH but not related to			III. If dethere a	Ceased a pregnan	was fem	nalo was 1 90 days.
13 /-0	SIN -		DOCUME	CAL CERTIFICATI	Condition which go above to stating a lying to PART II. 19. WAS AUTOPSY PERFORMED? YES NO DX 20c. TIME OF Hour INJURY a.m.	IMMEDIATE Cons., if any, pave rise to cause (a), the under-cause last. DOTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day,	DUE TO (b) DUE TO (c) ICANT CONDI On given in PAI	ITIONS CONTRI	BUTING TO DEAT	IH but not related to			III. If dethere a	Ceased a pregnan	was fem	nalo was 1 90 days.
13 /-0	NSI INSI		DOCUME	MEDICAL CERTIFICATION	Condition which go above of stating it lying or PART II. 19. WAS AUTOPSY PERFORMED? YES NO DX 20c. TIME OF Hour INJURY a.m. p.m.	IMMEDIATE Cons., if any, pave rise to cause (a), the under-taute last. DOTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day,	DUE TO (b) DUE TO (c) ICANT CONDIDED BY SUICIDE H	ITIONS CONTRI	20b. DESCRIBE HO	IH but not related to). (Enter na	nure of injury in	III. If dethere a	ceased a pregnan	was ferring in last	nalo was 1 90 days.
13 /-0	NSI INSI		DOCUME	CAL CERTIFICATI	Condition which go above to stating the state of the stat	ons, if any, lave rise to cause (a), the understante last. D. OTHER SIGNIFI disease condition 20a. ACCIDENT	DUE TO (b) DUE TO (c) ICANT CONDIDED BY SUICIDE H	ITIONS CONTRI	20b. DESCRIBE HO	IH but not related to). (Enter na	nure of injury in	III. If deet there are part to or	ceased a pregnan	was ferring in last	nale was 1 90 days. Unknown
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13 /-0 RIBBON	AMENDMENTS ON THIS		DOCUME	CAL CERTIFICATI	Condition which go above to stating the state of the stat	IMMEDIATE Cons, if any, lave rise to cause (a), the underlause last. D. OTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day, ED 20e WORK 2	DUE TO (b)	ITIONS CONTRI	20b. DESCRIBE HO	TH but not related to W INJURY OCCURRED 20f. CITY, TOWN, OR	E LOCATIO	NAS alive on	III. If der there a PART I or	ceased a pregnan PART II	was femory in last	nale was 1 90 days. Unknown 8.)
13 /-0 RIBBON	READ AMENUMENTS ON THIS		DOCUME	CAL CERTIFICATI	Condition which go above to stating the state of the stat	IMMEDIATE Cons, if any, lave rise to cause (a), the undertause last. OTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day, ED 20e WORK 220e	DUE TO (b)	NJURY (e.g., in	20b. DESCRIBE HO	IN but not related to W INJURY OCCURRED 20f. CITY, TOWN, OR 3.5 P.M. and the date stated above, or	E LOCATIO	N XX alive on best of my know	TIII. If deet there as there as the part I or COUNTY	ceased a pregnand PART II	was femore in last	nale was 1 90 days. Unknown 8.)
13 /-0 RIBBON	READ AMENUMENTS ON THIS			CAL CERTIFICATI	Condition which go above to starting the starting triping to the starting triping trip	IMMEDIATE Cons, if any, lave rise to cause (a), the undertause last. OTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day, ED 20e WORK 220e	DUE TO (b)	NJURY (e.g., in y, street, office	20b. DESCRIBE HO	20f. CITY, TOWN, OR 3.5 P.M. and an address and above, and a 22b. ADDRESS 33	d lest saw and to the	NATA alive on best of my kno	TIII. If denthere a large property of the country o	ceased a pregnam PART II	was ferricy in last No of item 11	nale was 1 90 days. Unknown 8.)
13 /-0 RIBBON	READ AMENUMENTS ON THIS		OF	CAL CERTIFICATI	IP. WAS AUTOPSY PERFORMED? YES NO INJURY A.m. P.MI. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WORK NOT WORK NOT WHILE WORK NOT	IMMEDIATE Cons, if any, lave rise to cause (a), the undertause last. OTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day, ED 20e WORK 220e	DUE TO (b)	NJURY (e.g., in y, street, office	20b. DESCRIBE HO	20f. CITY, TOWN, OR 35 P.M. and and date stated above, and 22b. ADDRESS 33	d last saw and to the D Nor	NAME alive on best of my knot Bluff, I	COUNTY 7-1- welledge, from the sound Str Mis sou	ceased a pregnan PART II	was ferricy in last No of item 11	nale was 1 90 days. Unknown 8.)
BLACK INK OR RITER RIBBON	SHOULD READ INST		VIT OF	MEDICAL CERTIFICATI	Condition which graph of the property of the p	IMMEDIATE Cons, if any, lave rise to cause (a), the underlate last. D. OTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day, ED 20e WORK 20e accessed from 7-1	DUE TO (b) DUE TO (c) ICANT CONDIDOR given in PAI SUICIDE H Year PLACE OF II farm, factory 1-63, 9 35	NJURY (e.g., in y, street, office	20b. DESCRIBE HO	20f. CITY, TOWN, OR and date stated above, and 22b. ADDRESS 33	d last saw and to the D Nor	NATA alive on best of my kno	COUNTY 7-1- welledge, from the sound Str Mis sou	ceased a pregnan PART II	was ferricy in last No of item 11	Tale was 1 90 days. Unknown 8.) STATE
13 /-0 RIBBON	SHOULD READ INST		VIT OF	MEDICAL CERTIFICATI	Condition which graph of the which graph of the which graph of the which graph of the white are the	IMMEDIATE Cons, if any, lave rise to cause (a), the under-cause last. DIMER SIGNIFI disease condition 20a. ACCIDENT Month, Day, EED 20e WORK 2 1. 23b. DATE	DUE TO (b) DUE TO (c) ICANT CONDI On given in PAI SUICIDE H Year e. PLACE OF II farm, factory 1-63. 9 35	NJURY (e.g., in y, street, office	20b. DESCRIBE HO or about home, bidg., etc.) p.m on the	20f. CITY, TOWN, OR 20 ADDRESS 33 PO EMATORY	d lest sew and to the plar	No. XX alive on best of my kno Bluff, I	COUNTY COUNTY 7-1- owledge, from Str Mis Sou wn, or county	ceased a pregnand a pregnand with the case of the case	was ferricy in last of item 11 auses state 22c. DAT 7-8	Tale was 1 90 days. Unknown 8.) STATE
13 /-0 RIBBON	NO. SHOULD READ INST		OF	MEDICAL CERTIFICATI	Condition which graph of the property of the p	IMMEDIATE Cons, if any, lave rise to cause (a), the underlate last. D. OTHER SIGNIFI disease condition 20a. ACCIDENT Month, Day, ED 20e WORK 20e accessed from 7-1	DUE TO (b) DUE TO (c) ICANT CONDI On given in PAI SUICIDE H Year e. PLACE OF II farm, factory 1-63. 9 35	NJURY (e.g., in y, street, office	20b. DESCRIBE HO or about home, bidg., etc.) p.m on the	20f. CITY, TOWN, OR and date stated above, and 22b. ADDRESS 33	d lest sew and to the plar	NAME alive on best of my knot Bluff, I	COUNTY COUNTY 7-1- owledge, from Str Mis Sou wn, or county	ceased a pregnand a pregnand with the case of the case	was ferricy in last of item 11 auses state 22c. DAT 7-8	Tale was 1 90 days. Unknown 8.) STATE
13 /-0 RIBBON	SHOULD READ INST		VIT OF	MEDICAL CERTIFICAT	Condition which graphore of the part of th	IMMEDIATE Cons, if any, lave rise to cause (a), the underlause last. D. OTHER SIGNIFI disease condition Anoth, Day, ED 20e WORK 2 1. 23b. DATE 7. 4. 63	DUE TO (b)	NJURY (e.g., in y, street, office	20b. DESCRIBE HO or about home, bidg., etc.) p.m on the	20f. CITY, TOWN, OR 20 ADDRESS 33 PO EMATORY	d lest sew and to the plar	No. XX alive on best of my kno Bluff, I	COUNTY COUNTY 7-1- owledge, from Str Mis Sou wn, or county	ceased a pregnand a pregnand with the case of the case	was ferricy in last of item 11 auses state 22c. DAT 7-8	Tale was 1 90 days. Unknown 8.) STATE

JUL 2 4 1963

STATEMENT BY LICENSED EMBALMER

r by	 _	, Student Embalmer No
vorking under my personal supervision.	(m	H. Margan
Signature of Student Embalmer		
	į	icensed Embalmer No. 46 40
		icensed Embalmer No. 4640 P. O. Address Advance, M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.